

**COMMISSIONER'S
MINORITY HEALTH AND HEALTH EQUITY ADVISORY COMMITTEE MEETING MINUTES
October 12, 2010 – 11:00 am – 2:00 pm
Petersburg Health Department
Conference Room
301 Halifax Street, Petersburg, VA 23803**

Members Attending In Person: Gloria Addo-Ayensu, MD, MPH; Tia Campbell, RN, MSN, NCSN; Melissa Canaday; Portia Lynne Cole, PhD, MSW, LCSW; Gary Crum, PhD, MPH; Bre-Onna DeLaine; Lucie Ferguson, PhD, MPH, RN; Ethlyn McQueen-Gibson, RN, MSN; Michael Royster, MD, MPH; Theresa Teekah, BS, MA, CMPH; and Claudia M. Tellez, MPH; Via Polycom: Maria Conley, BSW; Sandra Cherry, PhD

Members Absent: Tonya Davis, MS, MBA; Carl A. Gibson, MD, FACP; Thomas K. Irungu, MD, MPH; William L. Lee, DMin; Tinh duc Phan; Edward A. Scott, PhD; and Hassan Yousuf, MD

Staff Attendance: Susan Triggs, MPH, RN; Suzi Silverstein

1. Welcome

Meeting called to order by Dr. Gloria Addo-Ayensu, MHHEAC Chair.

2. Agenda

The agenda was adopted by MHHEAC members

3. Minutes

July 13, 2010 minutes were approved as written by MHHEAC members.

4. Statement of Commissioner

In Dr. Remley's absence, **Joe Hilbert** provided the Statement of the Commission. He discussed legislative recommendations with the group and provided guidelines for submitting recommendations. Agency proposals should adhere to the standards of necessity determined by the Governor, as follows:

- Proposed legislation meets the Governor's policy objectives
- Proposed legislation addresses issues critical to the operation of the state government
- Proposed legislation improves the efficiency and effectiveness of the state government
- Proposed legislation results in cost savings and cost avoidance
- No other executive action will achieve the necessary objective

Mr. Hilbert discussed with MHHEAC members how they determine which recommendations will be supported by the group. He alerted members to the fact that the Commissioner receives many recommendations from many agencies every year and must determine which ones best follow the guidelines and are appropriate for the political environment at that time. Members were advised that the budget is always the first priority of the Governor and that the Department of Health has lost many dollars out of its budget in recent years. The priority of Health and Human Resources is the Virginia Health Reform Initiative. Members were told that it is always necessary to assess whether it is the right time for a particular recommendation and whether the recommendation is an issue of sufficient gravity.

The two statutory recommendations submitted by MHHEAC were not right for this particular time. The recommendations were, therefore, not put forward. Mr. Hilbert told members that the Commissioner sent forth a very small percentage of recommendations this year. His main suggestion on how to strengthen recommendations was to ask MHHEAC members should seek letters of support for their recommendations from interested partners.

MHHEAC members were alerted to the fact that procedures will change next year for submitting recommendations:

- Agencies will receive a note regarding recommendations in April of 2011
- Agencies will be asked to spend 3 months engaging stakeholders around what they consider to be issues important enough to send forward as recommendations

A member asked which of the two recommendations sent forward by MHHEAC had the greatest potential for passing. After some discussion, Mr. Hilbert advised that the codification of MHHEAC was the stronger of the two recommendations. He advised members that it is "rare in history that a piece of legislation is the real answer to problems". Copies of the review criteria will be sent to MHHEAC members with the meeting minutes.

Dr. Royster shared Dr. Remley's Health People 2020 presentation with the group. MHHEAC members will receive a copy of the presentation, "Healthy People 2020: Building the Commonwealth's Capacity to Address Determinants of Health" as an attachment to the minutes. Healthy People 2020 and the use of this presentation to engage partners from other sectors in promoting health and health equity are among Dr. Remley's priority initiatives. She encourages MHHEAC to incorporate this information into their community efforts.

5. Strategic Planning

Suzi Silverstein was introduced to the group as the facilitator for the strategic planning process. Mr. Hilbert told the group that he hopes the group will take on advising the Commissioner on the best ways of communicating with minority and underprivileged populations. MHHEAC is essentially being asked to provide technical assistance to the Commissioner.

An overview of the notes from the strategic planning for this meeting follows:

Mission

To promote and advocate for the elimination of health disparities among all racial and ethnic minorities and other underserved populations in Virginia.

Goals/Strategies

Engage in MAPP to promote MHHEAC mission

1. MHHE research and accurate reflective statistics
2. Educate university policy makers re CBPR
3. Expand MAPP
4. Participate in local MAPP
Action steps for community management example Lets move campaign
5. Obtain personal testimonies of those impacted by inequities

Make policy recommendations

1. Intentional termination of pregnancy
2. Promote health impact assessment in local and state policy making
3. Partner with education re PE requirements
4. Participation on MHHEAC in health reform committees created by Secretary Hazel
5. Participate in health care reform implementation discussions to ensure that community prevention remains in the forefront and funded
6. Develop recommendations for VDH to develop a specific plan to address disparities in infant mortality
7. HIT ideas for rural and underserved
8. Develop recommendations for VDH role in health reform (Health equity)
9. HP2020 – into what other agencies do

10. Childhood obesity prevention

Outreach Communication and Education

Community leaders

1. Connecting unemployed with organizations for Comm Health Initiatives
2. Business case for decreased health disparities
3. Messaging to gain political support for promoting health equity
4. Serve as a trusted source for vaccine literacy campaign (flu/childhood/adult) vaccines in conjunction with VDH
5. Give HP2020 presentation to local government and other partners
6. Education State PTA re PE & nutrition
7. Primary medical care access
8. Racism institutionalized Interpersonal Internal (camera Phyllis Jones) "Gardner's Tale"
9. Help constituents understanding Health Care Reform
10. Public Health messages that resonate with minority populations
11. Health literacy
12. Infant mortality
13. Childhood obesity prevention

Outreach Communication and Education

General Public

1. Raise public awareness about health inequities
2. Engage in coalitions such as MAPP
3. UC video viewings
4. Primary medical care access
5. Racism institutionalized Interpersonal Internal (camera Phyllis Jones) "Gardner's Tale"
6. Help constituents understanding Health Care Reform
7. Public Health messages that resonate with minority populations
8. Health literacy
9. Infant mortality
10. Childhood obesity prevention
11. Recognized Resource
12. Market MHHEAC
13. Safe sex in teens & young adults
14. Food consumption & nutrition education (Jumpstart)
15. New University graduates
16. Pre-conceptual health
17. Combative HIV/AIDS innovation

Next Steps

1. Send to committee members to review and bring ideas (or send prior) to next meeting
2. Next meeting make any necessary edits, assign people to be responsible for task and set a time line. Suzi will come facilitate this part of the meeting

NOTE: I suggest we pre-define timelines – i.e. quarters, months, etc

3. If work is done in 2 or 3 workgroups- Suzi will be available by phone to assist them with developing their action plan.

6. Subcommittee Updates

Community Engagement Subcommittee report was given by Dr. Addo-Ayensu, Chair of the subcommittee. She reported that Dr. Edward Scott has advised that his schedule has changed, and he is unable to assume the Chair position for this Subcommittee. Dr. Addo-Ayensu will continue as Chair until someone else volunteers. She will then Co-Chair with that person for six months at which time that person will take the Chair position and another Co-Chair will be recruited. Tia Campbell, Bre-Onna DeLaine, and Ethlyn Gibson have volunteered to be members of this subcommittee.

Policy/Legislative Subcommittee report was given by Claudia Tellez who had several questions about discussions that took place during the July meeting. Dr. Royster advised her that these issues would be discussed again during the January 2011 meeting. Claudia advised the group that she has taken on the director position for her agency and, as a result, will need to resign the Chair position for this subcommittee. She also said that her expanded responsibilities may make it more difficult for her to attend MHHEAC meetings. She asked other MHHEAC members to participate on this subcommittee.

7. OMHHE Updates

The overview of OMHHE activities was provided to attendees as a handout (attached) in order to allow as much time for strategic planning as possible. Dr. Royster noted that proposals submitted by OMHHE to be included in VDH's public health and preparedness plan for influenza included ideas from MHHEAC on developing strategies for outreach to racial/ethnically diverse and hard to reach populations.

8. Announcements

There were no announcements.

9. Public Comment

There were no public comments

10. Meeting Adjourned at 2:05 pm.

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The NEXT MHHEAC MEETING is scheduled for:

Date: December 14, 2010 **Time:** 11:00 am-2:00 pm

Location: Petersburg Health Department
Conference Room
301 Halifax Street
Petersburg, VA 23803

MHHEAC Meeting Dates for 2011

January 11, 2011
April 12, 2011
July 12, 2011

October 11, 2011
December 13, 2011

All meetings take place from 11:00 am-2:00 pm unless otherwise stipulated

Questions or special needs – please contact: Susan Triggs, Health Equity Specialist – 804-864-7429 – susan.triggs@vdh.virginia.gov

Minutes prepared by: Susan Triggs, MPH, RN
Minutes reviewed by: Gloria Addo-Ayensu, MD, MPH